

Arkansas Hospital Practices that Support Breastfeeding: Arkansas PRAMS, 2009-2011

Why Breastfeeding is Important

Breastfeeding has important health benefits for babies and mothers.¹

- Babies who are breastfed are less likely than babies on formula to have health problems such as ear infections, diarrhea and vomiting, and asthma.
- Breastfed babies are less likely to die from Sudden Infant Death Syndrome or SIDS.
- Childhood obesity is an epidemic. Breastfeeding for 9 months can reduce a baby's risk of becoming an overweight child by 30%.
- For mothers, breastfeeding reduces the risk of breast and ovarian cancer.

The American Academy of Pediatrics recommends only breastfeeding, or breast milk, for the first 6 months of a baby's life. They also recommend continued breastfeeding with complementary foods through 12 months and longer as mutually desired by mother and baby.²

An Increase in Breastfeeding is Needed in Arkansas

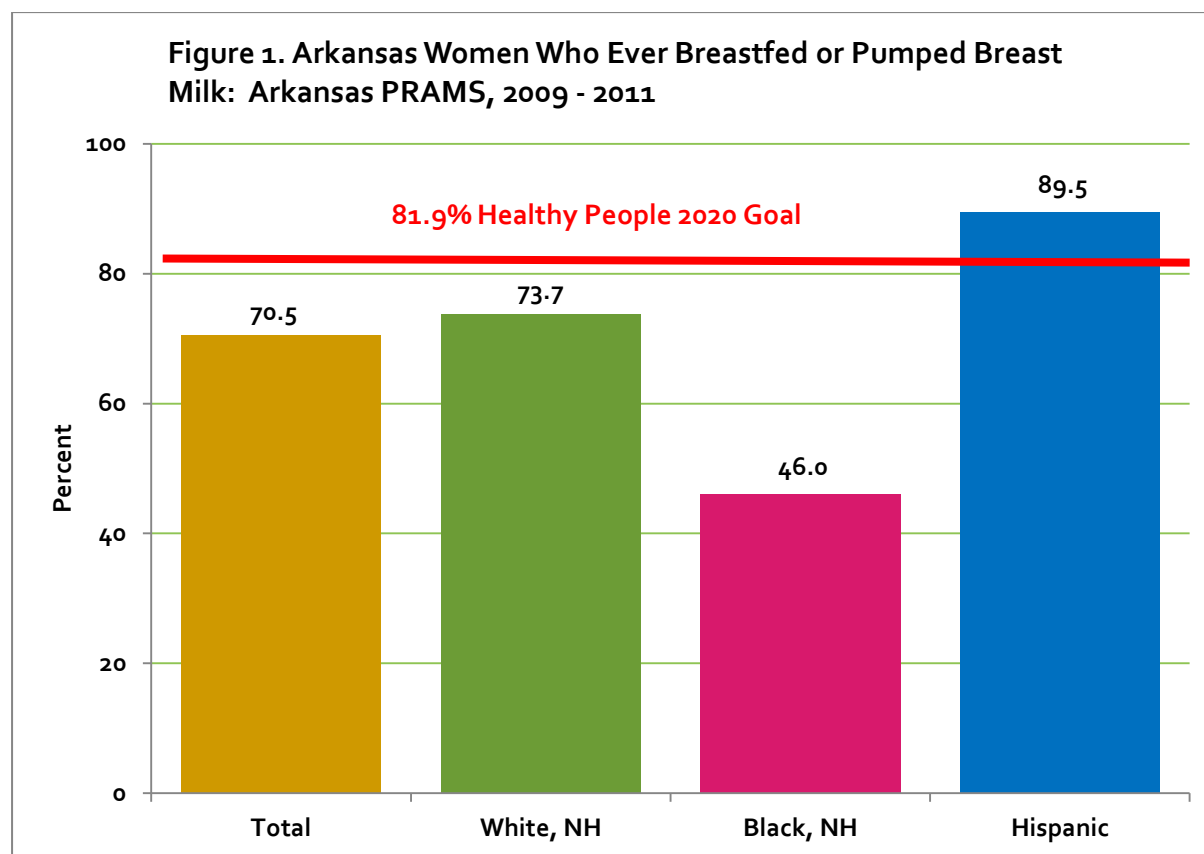
The Healthy People 2020 goal is for 81.9% of all mothers to ever breastfeed their babies.³ According to the 2009-2011 results from the Arkansas Pregnancy Risk Assessment Monitoring System Survey (PRAMS), only 70.5% of all Arkansas mothers who had a live birth ever breastfed or pumped breast milk. Only Hispanic mothers (Figure 1) had reached the *Healthy People 2020* target for ever breastfeeding.

Breastfeeding has important health benefits for babies and mothers.

For 2009-2011, 70.5% of Arkansas women who had live births breastfed or ever pumped breast milk. The *Healthy People 2020* goal is 81.9%

For 2009-2011, only Hispanic mothers had reached the Healthy People 2020 goal for breastfeeding.





Hospitals Policies and Practices Can Provide Support for Mothers Who Want to Breastfeed

Hospitals can help or hinder mothers who want to breastfeed. Women's experiences and support with breastfeeding during the first hours or days after birth may influence whether they will continue to try to breastfeed.¹ Because most births take place in the hospital, it is important that hospitals have policies that provide support and assistance for women who plan to breastfeed.

To evaluate the hospital support for breastfeeding received by Arkansas women who had live births in Arkansas from 2009-2011, this newsletter presents results from questions asked on the PRAMS survey about hospital practices that can support breastfeeding.

Information about Hospital Breastfeeding Policies and Support from the Arkansas PRAMS Survey

The PRAMS survey is sent to a sample of Arkansas women who had live births in Arkansas. Responses from the women sampled are adjusted so the data will be applicable to all Arkansas women eligible for the survey. For 2009-2011, surveys were sent to 6,154 Arkansas mothers; 4,062 mothers responded for a response rate of 66%.⁴

A question on the PRAMS survey lists 11 things that hospitals can do to provide support for new mothers who want to breastfeed. Mothers are first asked "Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?" If the answer is "Yes," they are then asked whether any of the 11 things below happened at the hospital where their new baby was born.

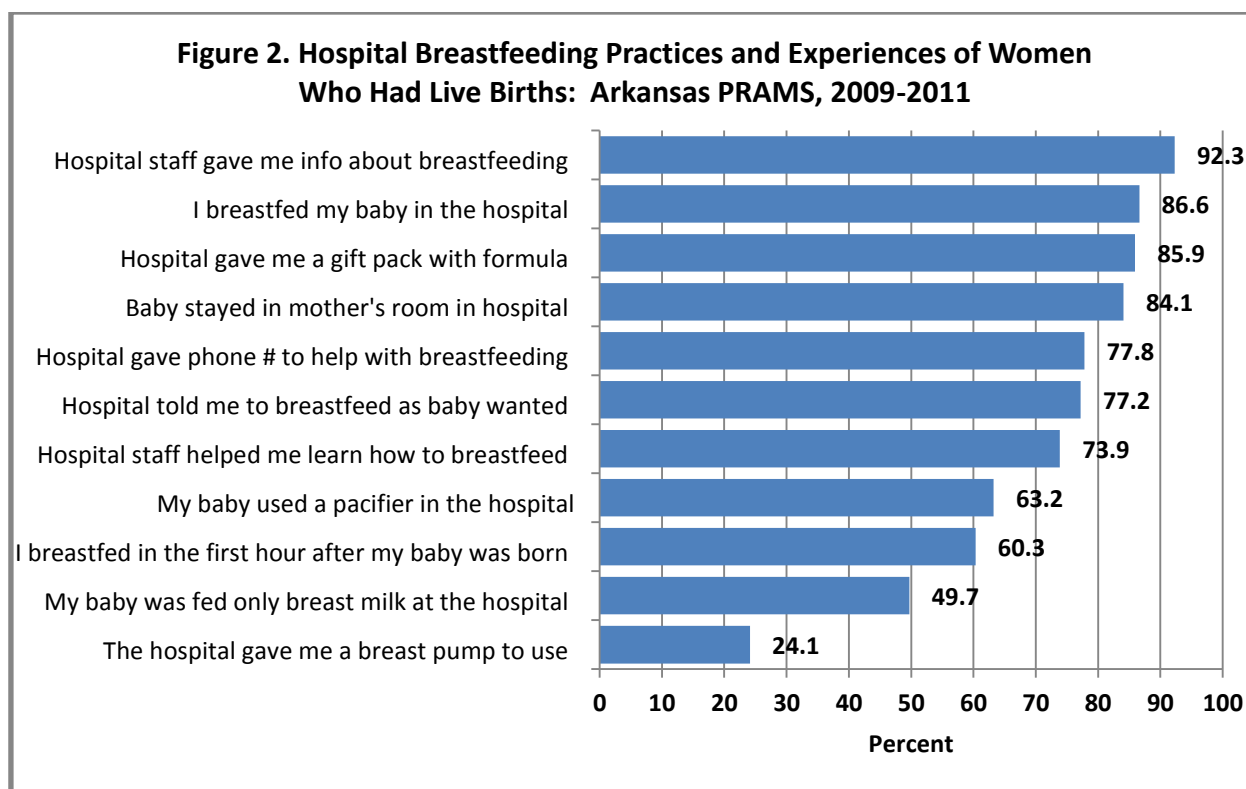
This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle **Y** (Yes) if it happened or circle **N** (No) if it did not happen.

- a. Hospital staff gave me information about breastfeeding
- b. My baby stayed in the same room with me at the hospital
- c. I breastfed my baby in the hospital
- d. I breastfed in the first hour after my baby was born
- e. Hospital staff helped me learn how to breastfeed
- f. My baby was fed only breast milk at the hospital
- g. Hospital staff told me to breastfeed whenever my baby wanted
- h. The hospital gave me a breast pump to use
- i. The hospital gave me a gift pack with formula
- j. The hospital gave me a telephone number to call for help with breastfeeding
- k. My baby used a pacifier in the hospital



Results

Figure 2 shows how the percentage of mothers who reported ever breastfeeding responded to each of the questions about hospital breastfeeding practices and experiences. A discussion of the strengths and weaknesses of these responses is below.



Strengths

- **The majority of mothers are being given information about breastfeeding (92%):**
Patient education is important to establish breastfeeding and should be made available to pregnant women by delivering facilities. Prior to discharge, breastfeeding mothers should be educated on basic practices, such as 1) the importance of exclusive breastfeeding, 2) how to maintain exclusive breastfeeding for about 6 months, 3) how to assess if the baby is getting enough breast milk, 4) how to express, handle, and store breast milk, including manual expression, and 5) how to sustain lactation if separated from the infant.⁵
- **Babies are breastfed in the hospital (87%).**
Breastfeeding should be observed by the hospital staff to assess the mother's breastfeeding techniques and observe the mother demonstrating correct positioning and attachment of their infant to report that breastfeeding is comfortable.⁵
- **Babies are kept in the mother's hospital room (84%).**
Rooming-in allows the mother to learn and observe her infant's feeding cues and be able to respond with frequent exclusive feedings whenever early feeding cues are observed. This is essential for breastfeeding success.⁵
- **Hospital staff helped me learn how to breastfeed (74%).**
Following the observation of breastfeeding, if needed, staff should demonstrate appropriate breastfeeding positioning and attachment with the mother and baby. Optimally, this should occur within three hours and no later than six hours after birth. Prior to discharge, breastfeeding mothers should be educated on basic breastfeeding practices.⁵

Weaknesses

- **Mothers are given gift packs with formula (86%).**
Commercial hospital discharge gift packs, with free formula, are one of several factors shown to negatively influence breastfeeding duration and exclusivity.⁵
- **Babies used a pacifier in the hospital (63%).**
Artificial nipples/pacifiers may interfere with the development of optimal breastfeeding by negatively impacting the infant's acceptance of the mother's breast and the establishment of a good milk supply. The AAP recommends delaying the use of pacifiers until breastfeeding is well established.⁵
- **Babies breastfed in the first hour after birth (60%).**
Breastfeeding in the first hour after birth facilitates the milk production, stimulates the infants gut with colostrum, decreases sucking and latch difficulties and enhances bonding between mother and baby. Babies are most alert in the first couple of hours after birth and will spontaneously seek the breast if left undisturbed, in skin-to-skin contact, on the mother's body. All babies, regardless of the feeding method, should be placed in skin-to-skin contact with their mother. This helps the mother begin to learn her infant's cues for feeding and other needs. It reduces unnecessary non-breast milk feeds for those breastfeeding.⁵

- **Babies fed only breast milk in the hospital (50%).**

There are standard clinical practice guidelines against routine supplementation. Supplements of formula and/or water make infants more likely to receive formula at home and stop breastfeeding prematurely.⁵

Steps Being Taken to Increase Hospital Support for Breastfeeding in Arkansas

- In 2011, the Arkansas Foundation for Medical Care (AFMC) and Medicaid partnered to increase breastfeeding rates statewide. Healthcare professionals received breastfeeding materials and resources to improve education in doctor's offices, clinics, and hospitals to ensure that recommendations are being followed.
- In 2012, Arkansas hospitals were given the opportunity to participate in the Medicaid Inpatient Quality Incentive (IQI) program that includes breastfeeding as a measure. Currently, AFMC works closely with those hospitals to assess and improve support to help ensure that national recommendations are being followed.
- In September 2012, the Arkansas Department of Health initiated the creation of a State Breastfeeding Promotion Workgroup to address low breastfeeding rates in the state that included health agencies and health professional experts in the state. The Workgroup prioritized its areas of focus and created subgroups to address the four focus areas outlined in the US 2011, "Surgeon General's Call to Action to Support Breastfeeding." The Workgroup's planned initiative was piloted in Independence County in the fall of 2013.
- In 2013, the Arkansas Breastfeeding Coalition began a partnership with ANGELS (Antenatal & Neonatal Guidelines, Education & Learning System) to provide a resource for lactation education for health professionals across the state featuring a "Lactation Symposium" on August 9th. Additional education offerings were planned through the partnership. This education included a lactation symposium on August 8, 2014, in Little Rock. Miriam Labbok, MD, was a featured speaker at the symposium addressing the Baby Friendly Hospital Initiative in the US. Information about the symposium is at: <http://www.arbfc.org/events/breastfeeding-symposium>

What moms told us about breastfeeding:*

"Doctors and nurses should encourage mothers to breastfeed their new baby."

"I would have liked more information about breastfeeding and more support."

***Note:** Per CDC guidelines, mothers' comments are written verbatim and without corrections.

References

1. Perrine, CG, Shealy, KR, Scanlon, KS, Grummer-Strawn, et al. Vital Signs: Hospital Practices to Support Breastfeeding-United States, 2007 and 2009. *Morbidity and Mortality Weekly Report* 2011; 60:1020-1025.
2. American Academy of Pediatrics. Policy Statement Breastfeeding and the Use of Human Milk, Section on Breastfeeding. *Pediatrics*. 2012; 129: e827-e841. doi: 10.1542/peds.2011-3552.
3. Healthy People 2020 goal MICH-21 available at <http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=26>
4. Arkansas Department of Health- Health Statistics, PRAMS office, Little Rock, AR
5. The Baby-Friendly Hospital Initiative: Guidelines and Evaluation Criteria for Facilities Seeking Baby-Friendly Designation (updated 11/28/11).
http://assets.bfusa.s3.amazonaws.com/cms/files/289/files/original/2010_Guidelines_Criteria_Rev_11_28_11.pdf

Places to learn more about Breastfeeding:

Arkansas Department of Health -

<http://www.healthy.arkansas.gov/programsServices/WIC/breastfeeding/Pages/default.aspx>

BabyCenter Expert Advice Community

<http://www.babycenter.com/breastfeeding..>

Breastfeeding.com

www.breastfeeding.com

Office of Women's Health, U.S. Department of Health and Human Services -

Womenshealth.gov

World Health Organization

<http://www.who.int/topics/breastfeeding/en/>

Acknowledgements

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What is PRAMS?

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an on-going, population-based surveillance system sponsored by the Centers for Disease Control and Prevention (CDC). The PRAMS survey asks mothers who recently had a live birth about maternal behaviors and experiences that occurred before, during, and after pregnancy that might affect the health of their babies. This information can be used to reduce infant deaths and help mothers to have healthier babies. For more information about PRAMS, visit the Arkansas PRAMS webpage at www.healthy.arkansas.gov/programsServices/healthStatistics/Pages/Prams.aspx or CDC's webpage at www.cdc.gov/prams.